



## HUMAN RESOURCES

### Education Reimbursement Program Employee Application Procedure

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#### **Eligible Employees**

All regular benefited full time employees who have completed one year of employment and at least one probationary period. Reimbursement can be up to \$333 per quarter or \$500 per semester (\$375 per quarter or \$750 per semester for members of the Riverside Police Officers Supervisory Unit), but cannot exceed \$1,000 (\$1,500 for RPO Supervisory Unity) per fiscal year.

#### **Eligible Courses**

Courses must be:

- (a) offered by accredited colleges, universities, community colleges, adult education or vocational programs OR
- (b) accredited courses offered "on-line" through distance learning AND
- (c) job-related and/or lead to possible advancement within the City.

#### **Application Process**

Completely fill out an Education Reimbursement application found on the City's intranet under the HR tab. **All applications must be received at least 14 days prior to the course start date.** However, late applications may be considered in exceptional circumstances.

Send completed application forms to Human Resources.

**Note:** It is **your** responsibility to obtain your Department Head's authorization before sending in your application to HR. Any applications that have not been completely filled out will be returned to you.

The following are examples of applications which would not qualify for approval:

1. Application submitted after class start date.
2. Course work is not at an accredited institution.
3. Course work not approved in relation to position held.
4. Amount exceeds reimbursement limit per fiscal year.
5. Exceeds HR department budgeted funds per fiscal year.
6. Not a full-time benefited employee.
7. One probationary period has not been completed.

You will be advised of the outcome of your application within at least 7 days of course start date.

### **Reimbursement Process**

Completely fill out a Request for Payment (RFP) form found on the City's intranet under the HR tab.

Send your completed RFP form to HR along with the following documents:

1. Verification of grades
2. All applicable original receipts for expenditures - tuition, books, etc.

<b>Items eligible for reimbursement</b>	<b>Items not eligible for reimbursement</b>
<ol style="list-style-type: none"><li>1. Registration fees</li><li>2. Tuition fees</li><li>3. Book purchases</li><li>4. Lab fees</li><li>5. Institution required fees: health fees, student fees</li></ol>	<ol style="list-style-type: none"><li>1. Special fees</li><li>2. Food/meals</li><li>3. Parking</li><li>4. Mileage/Transportation</li></ol>

**Note:** Documents for reimbursement **must** be received by HR within 45 days of course completion, however extensions may be granted in exceptional circumstances. Approved reimbursements should usually appear on your payroll check within two pay periods of receipt of your documentation.

**CITY OF RIVERSIDE**  
**EDUCATION REIMBURSEMENT PROGRAM APPLICATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_  
(Print)

**Department/Division:** \_\_\_\_\_ **Classification:** \_\_\_\_\_

**EDUCATION REIMBURSEMENT REQUEST**  
**Complete and submit before enrollment.**

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Must Indicate Quarter or Semester:

**Please choose one: Quarter ☐ or Semester ☐**

	Title of Course(s)	Course Dates		Number of Units	Cost of Tuition
		From	To		
1					
2					
3					

Estimated cost for registration, books, and lab fees: \_\_\_\_\_

How will this course(s) enhance and broaden the performance of your regular duties or prepare you for advancement opportunities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this training is voluntary, is not considered hours of work and/or employment, and no compensation is earned.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Authorization:** ☐ Yes ☐ No

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

**Comments:** \_\_\_\_\_

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**For HR Office Use:**

**Authorization:** ☐ Yes ☐ No

\_\_\_\_\_  
Human Resources Director/Designee

\_\_\_\_\_  
Date

**Comments:** \_\_\_\_\_

**Estimated Reimbursement:** \_\_\_\_\_

**CITY OF RIVERSIDE**  
**EDUCATION REIMBURSEMENT REQUEST FOR PAYMENT**  
(Complete and submit within 45 days after course work is completed)

Name: \_\_\_\_\_  
(Print)

Department/Division: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Classification: \_\_\_\_\_

Request Payment to: (Name and complete address)

**REQUEST FOR EDUCATION REIMBURSEMENT PROGRAM REFUND**

I have successfully completed the course work, attained the required grade and request reimbursement of tuition and fees in accordance with the Education Assistance Program. Registration confirmation, certificates of grades and receipts for tuition are attached.

DETAIL OF EXPENSES				
Tuition	Registration	Books	Lab Fees	Other (List)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Request

**For Office Use:**

Costs for Reimbursement: \$ \_\_\_\_\_

Reimbursement Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**ACCOUNT SUMMARY DISTRIBUTION**

GL KEY	OBJECT	JL KEY	OBJECT	W/O NO:	AMOUNT
Certification of Delivery of above			AUTHORIZATION FOR PAYMENT		
Signature		Date	Human Resources Director/Designee		
AUTHORIZATION FOR PAYMENT			AUTHORIZATION FOR PAYMENT		
Accounting Designee		Date	Finance Director/Designee		